

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

— Do not use this space. —

33345

1. PLACE OF DEATH

County Jackson
Township Howe
City Hammer City (No. 2410)

Registration District No. 399

Primary Registration District No. 202

File No.

Registered No.

St. 4282 Ward)

2. FULL NAME

(a) Residence, No. 2410 Charlotte St. 2 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
49 2 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stone Mason
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT Edith Hasty
(Address) 2410 Charlotte St

15.

FILED 11/1, 1933 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/28/33

17. I HEREBY CERTIFY that I attended deceased from

that I last saw alive on 3/4/09, 1909, and that

death occurred, on the date stated above, at 3/4/09 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cornary thrombosis
Chronic myocardial infarction
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS autopsy

(Signed) Dr. J. H. Hasty, M. D.

, 19 33 (Address) 2410 Charlotte St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Palmyra Cemetery Nov 2 1933

20. UNDERTAKER

Ch. Thrisen 2512 Helms

